

**GOVERNMENT OF INDIA
HUMAN RESOURCE DEVELOPMENT
LOK SABHA**

STARRED QUESTION NO:228
ANSWERED ON:07.08.2001
INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME
SUSHIL KUMAR SAMBHAJIRAO SHINDE

Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

- (a) whether the CAG in an appraisal of the Integrated Child Development Services Scheme between 1992-99 has pointed out that the scheme has done little to improve the health status of children;
- (b) if so, the facts and figures which attracted such observations from the CAG and the drawbacks in implementation of the scheme pointed out by the CAG; and
- (c) the steps being taken to improve the prevalent condition and implementation mechanism in the light of the CAG's observations?

Answer

MINISTER OF HUMAN RESOURCE DEVELOPMENT, MINISTER OF SCIENCE AND TECHNOLOGY AND MINISTER OF DEVELOPMENT (DR. MURLI MANOHAR JOSHI)

(a),(b)&(c) A Statement is laid on the Table of the House.

STATEMENT IN RESPECT OF PART (a) (b) & (c) OF LOK SABHA STARRED QUESTION NO. 228 FOR 7.8.2001 REGARDING INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME

(a): The Report of the Comptroller and Auditor General of India (Report No. 3 of year 2000) is a performance appraisal of the impact of the Integrated Child Development Services (ICDS) scheme and the delivery of services there under during the period 1990-1999. It has commented on the objectives, implementation and impact processes, shortfalls in the targets, discrepancies in the distribution of supplementary nutrition and delivery of services.

b) While the Report has pointed out 75 percent attainment of target set for number of ICDS Projects, significant co-operation and assistance by international agencies in implementation of the Scheme, it has also mentioned that 25 percent of the blocks in the country remained uncovered under ICDS, slow rate of the decline of Infant Mortality Rate, at 72 per thousand in 1996, some delay in receipt of monitoring reports from ICDS Projects, discrepancies in distribution of supplementary nutrition by the State Governments, vacant posts of ICDS functionaries in some States, less provision for Supplementary nutrition by the State Government, non-provision of therapeutic food in some States and deficiency in health input delivery e.g. immunization and health check up.

(c) Some of the major initiatives taken by the Department to improve the effectiveness and quality of service delivery under the programme include:

(i) The freeze on expansion of ICDS projects imposed in May, 1997 has been lifted and 971 additional ICDS Projects have since been sanctioned leading to a total number of 5171 sanctioned projects.

(ii) The monitoring mechanism has been improved with consolidated State reports providing more focussed information to facilitate feed back. A new financial monitoring software has also been developed.

(iii) The financial norms under the Scheme have been revised upward to strengthen the scheme. The State Governments have been impressed upon to provide adequate budgetary provision for supplementary nutrition.

(iv) The nutrition component of Pradhan Mantri Gramodaya Yojana has also been launched to increase nutritional coverage of supplementary feeding.

(v) Education kit has been provided for strengthening pre-school education.

(vi) State Governments and Ministry of Health and Family Welfare have been requested to strengthen health input delivery. The procurement of medicine kits have been decentralized.

(vii) The decentralized training programme for ICDS functionaries named UDISHA has been launched.

(viii) An innovative scheme for adolescent girls named Kishori Shakti Yojana has been introduced under ICDS.